Report Date: 27 Jun 2012

Summary Report for Individual Task
081-833-0099
Perform Oral Suctioning
Status: Approved

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a patient that requires suctioning. You will need a portable suction apparatus, (a suction kit if available), suction tubing, a rigid or flexible suction catheter, saline solution, a basin, a collection bottle, a pen, and a SF 600 Chronological Record of Medical Care. You have performed a patient care handwash. You are not in a CBRN environment.

Standard: Perform oral suctioning to clear the airway without causing injury to the patient.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Low

MOPP:

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

All body fluids should be considered potentially infectious. Always observe body substance isolation (BSI) precautions by wearing gloves and eye protection as a minimal standard of protection.

Remarks: None

Notes: Wear eye protection when performing suctioning procedures.

Performance Steps

1. Position the conscious patient in a semi-Fowler's (semi-sitting) position or, in the case of severe trauma, roll the patient onto his side to allow gravity to assist in clearing the airway.

Note: In some cases, such as spinal injuries, the patient must remain in whatever position they are initially found in or must be managed while they are immobilized on a long spine board.

2. Turn on the suction unit to see if it is operational.

Note: Inspect the suction unit regularly to ensure it is in working condition. Switch on the suction, clamp the tubing, and make certain the unit generates a vacuum of more than 300 mm Hg. Check that a battery-charged unit has charged batteries.

3. Select the appropriate catheter and attach it to the suction tubing.

a. Tonsil-tip (Yankauer) catheters are best for suctioning in the field, as they have wide diameter tips and are somewhat rigid.

Note: Suction catheters must be disposable and capable of being connected to the suction unit's tubing.

b. If the nasal passages need to be suctioned, select a soft, flexible (French or Whistle Tip) catheter and use low to medium suction (80-120 mmHg).

Note: Flexible (French, or whistle-tip) catheters are used in situations where rigid catheters cannot be used, such as a patient with clenched teeth or for use in nasopharyngeal suctioning.

4. Prepare equipment.

a. Open the basin package.

b. Pour the saline solution into the basin.

c. Open the suction catheter package.

5. Explain to the patient the reason for suctioning.

6. Pre-oxygenate the patient with 100% oxygen.

a. If the patient is receiving oxygen therapy, increase the oxygen to 100% for 1 minute.

b. Monitor the patient's pulse oximeter reading during the entire procedure. (See task 081-833-0164.)

c. If the patient is not receiving oxygen therapy, have him take a minimum of five deep breaths or administer the breaths with a bag-valve-mask (BVM) system.

Note: After each suctioning attempt or suctioning period, re-oxygenate the patient.

7. Put on gloves.

8. Remove the catheter from the package using your dominant hand.

9. Test the patency of the catheter.

a. Turn the suction unit on with your nondominant hand.

b. Pick up attached suction tubing using your nondominant hand.

Note: The suction tubing is considered contaminated. After this is touched, then that hand is considered contaminated.

c. Attach catheter being held by dominant hand to suction tubing being held by your nondominant hand.

d. Insert the catheter tip into the saline solution using your dominant hand.

Note: Moistening the catheter lubricates the catheter and helps to minimize trauma to the mucous membranes and increases the patient's comfort.

e. Occlude the suction control port with your nondominant thumb and observe the saline entering the drainage bottle.

Note: If no saline enters the bottle, check the suction unit and/or replace the catheter and retest for patency.

10. Suction the patient.

a. Rigid catheter.

(1) Instruct a conscious patient to cough to help bring secretions up to the back of his throat.

(2) If the patient is unconscious, use the cross finger method of opening the airway. (See task 081-831-0019.)

(3) Place the convex (outward curving) side of the rigid tip against the roof of the mouth and insert to the base of the tongue.

Note: A rigid tip does not need to be measured. Only insert the tip as far as you can see it. Be aware that advancing the catheter too far may stimulate the patient's gag reflex and cause him to vomit.

WARNING

Never suction for more than 15 seconds at one time for adults, 10 seconds for children and 5 seconds for infants. Longer periods of continuous suctioning may cause oxygen deprivation.

(4) Apply suction by placing the thumb of your nondominant hand over the suction control port.

(5) Clear the secretions from the catheter between each suctioning interval by inserting the tip into the saline solution and suction the solution through the catheter until the catheter is clear of secretions.

(6) Repeat steps 10a(1) through 10a(5) until all secretions have been removed or until the patient's breathing becomes easier. Noisy, rattling or gurgling sounds should no longer be heard.

b. Flexible catheter.

(1) Measure the catheter from the patient's earlobe to the corner of the mouth or the center of the mouth to the angle of the jaw.

WARNING

Insert the catheter no farther down than the base of the tongue.

(2) Insert the catheter into the patient's mouth to the correct depth, without the suction applied.

Note: If an oropharyngeal airway (OPA) is in place, insert the catheter alongside the airway and then back into the pharynx.

(3) Place the thumb of your nondominant hand over the suction control port on the catheter, applying intermittent suction by moving your thumb up and down over the suction control port.

(4) Apply suction in a circular motion as you withdraw the catheter.

WARNING

Advancing the catheter too far into the back of the patient's throat may stimulate the gag reflex. This could cause vomiting and the aspiration of stomach contents.

(5) Suction for no longer than 15 seconds removing secretions from the back of the throat, along outer gums, cheeks, and base of tongue.

(6) Clear the secretions from the catheter between suctioning by inserting the tip into the saline solution and suction the solution through the catheter until the catheter is clear of secretions.

(7) Repeat steps 10b(2) through 10b(6) until all secretions have been removed or until the patient's breathing becomes easier. Noisy, rattling or gurgling sounds should no longer be heard.

11. Re-oxygenate the patient and/or ventilate for at least five assisted ventilations.

12. Observe the patient for hypoxemia.

a. Color change.

WARNING

Discontinue suctioning immediately if severe changes in color or pulse rate occur.

b. Increased or decreased pulse rate.

13. Place the patient in the recovery (lateral recumbent, coma) position.

14. Record the procedure on the SF 600 Chronological Record of Medical Care.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, use a cardiopulmonary resuscitation (CPR) mannequin capable of accepting oral suction catheters.

Brief Soldier: Tell the Soldier the simulated patient is conscious and there are gurgling noises whenever the patient attempts to breathe. The patient has an active gag reflex. Tell the Soldier to suction the airway.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Positioned the patient.			
2. Turned on the assembled unit and checked to see if it is operational.			
3. Selected the appropriate catheter.			
4. Prepared the equipment.			
5. Explained to the patient the reason for suctioning.			
6. Pre-oxygenated the patient with 100% oxygen.			
7. Put on sterile or clean gloves as ordered.			
8. Removed the catheter from the package.			
9. Tested the patency of the catheter.			
10. Suctioned the patient.			
11. Re-oxygenated and/or ventilated the patient.			
12. Observed the patient for hypoxemia.			
13. Placed the patient in the recovery position.			
14. Recorded the procedure on SF 600 Chronological Record of Medical Care.			
15. Did not cause further injury to the patient.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-323-06503-0	PHTLS Prehospital Trauma Life Support, Military 7th edition	No	No
	978-0781765213	Textbook of Basic Nursing 9th edition, Caroline Bunker Rosdahl, Mary T. Kowalski	No	No
	SF FORM 600	HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE	Yes	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks :

Task Number	Title	Proponent	Status
081-831-0019	Clear an Upper Airway Obstruction	081 - Medical (Individual)	Approved
081-833-0164	Measure a Patient's Pulse Oxygen Saturation	081 - Medical (Individual)	Approved

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete